

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE

Sold in New Jersey

By

HORIZON BLUE CROSS/BLUE SHIELD OF NEW JERSEY

Telephone: 1-800-224-1234

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS				MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER			
				PLAN PAYS				PLAN PAYS				PLAN PAYS			PLAN PAYS			
PLAN	MONTHLY PREMIUM	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	* PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	
A	129.44	No	6 mos.		Yes	Yes	Yes					Yes		Yes				
C	198.05	No	6 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
F	137.62 <i>(INCREASES WITH AGE)</i>	No	6 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes ^{100%}	Yes	Yes			
I	125.73 <i>(INCREASES WITH AGE)</i>	No	6 mos.	Yes	Yes	Yes	Yes	Yes				Yes	Yes ^{100%}	Yes	Yes	Yes		
J	140.18 <i>(INCREASES WITH AGE)</i>	No	6 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes ^{100%}	Yes	Yes	Yes	Yes	

* PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY. (See Guide to Health Insurance for People with Medicare.)

(This information may also be found on our web site at www.state.nj.us/health/senior/ship.shtml)

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR. SERVICES
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